Behested Payment Re	eport	A Public Doci	ument	Behested Payment Report		
1. Elected Officer or CPUC Member (Last not Alex Padilla Agency Name		me, First name)	Date Stamp	California 803 Form For Official Use Only		
Secretary of State						
Agency Street Address	erneraldriventh com response postere en comparte de la Carlo de Ca		MANAGEMENT CONTRACTOR			
1500 11th Street, Sacrame	ento, CA 95814					
Designated Contact Person	Designated Contact Person (Name and title, if different)			Amendment (See Part 5)		
Area Code/Phone Number	E-mail (Optional)		Date of Original Filing: _	(month, day, year)		
(916) 653-7244				(month, day, year)		
2. Payor Information (For a	Payor Information (For additional payors, include an attachment with the names and addresses.)					
Cordoba Corporation						
1401 N. Broadway		Los Angeles	CA	90012		
Address		City	State	Zip Code		
3. Payee Information (For a Discovery Cube of Los Ang		de an attachment with the name	s and addresses.)			
11800 Foothill Blvd.		Los Angeles	CA	91342		
Address		City	State	Zip Code		
	☑ Monetary Donati	Amount of Payment: (In-Fi	(Round to whole			
Purpose: (Check one and provide Describe the legislative, of		- · · ·	overnmental 区 Chai nt: Charitable Funding	ritable		
5. Amendment Descriptio	n or Comments					
6. Verification						
I certify, under penalty of perjuinerein is true and complete.	ry under the laws of to	By	o the best of my knowledge, the	ne information contained		

Behested Payment Re	eport	A Public Docum	ent	Behested Payment Report		
1. Elected Officer or CPU	C Member (Last name	e, First name)	Date Stamp	California 803		
Alex Padilla				Form OU3		
Agency Name				For Official Use Only		
Secretary of State						
Agency Street Address						
1500 11th Street, Sacrame		n The John Sampa May 1, The Same Residence of the Control of the C				
Designated Contact Person	(Name and title, if differen	t)	Amendment (See Par	Amendment (See Part 5)		
Area Code/Phone Number	E-mail (Optional)	MET THE AREA CAN A PROCESSION OF MANAGEMENT AND A CHARLEST AND A CONTRACT OF THE AREA CAN AND A CAN A	Date of Original Filing:	(month, day, year)		
(916) 653-7244				(monal, day, year)		
2. Payor Information (For a	dditional payors, include a	n attachment with the names an	d addresses.)			
Frontier Communications Name						
12905 E. Los Nietos Rd.		Los Angeles	CA	90670		
Address		City	State	Zip Code		
3. Payee Information (For a	dditional payees, include a	an attachment with the names an	d addresses.)			
Discovery Cube of Los And	geies					
11800 Foothill Blvd.		Los Angeles	CA	91342		
Address		City	State	Zip Code		
Payment Type:	⊠ Monetary Donation nd Payment: N/A	or ☐ In-Kind (Goods or Services (Provide	e description below.)		
Purpose: (Check one and provide Describe the legislative, of		_	rnmental ⊠ Cha Charitable Funding	ritable		
5. Amendment Descriptio	n or Comments					
6. Verification						
I certify, under penalty of perjuing herein is true and complete.		State of California, that to th	e best of my knowledge, th	ne information contained		
Executed on	DATE	By SIGNATU	RE OF ELECTED OFFICER OR CPU	C MEMBER		

В	ehested Payment Re	port	A Pul	olic Docum	ent	Behested Payment Report	
1.	Elected Officer or CPUC	Member (Last	name, First name)		Date Stamp	California 803	
	Alex Padilla				· ·	1.01111	
	Agency Name					For Official Use Only	
	Secretary of State Agency Street Address			CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE	-		
	1500 11th Street, Sacrame	nto CA 9581/					
	Designated Contact Person		ifferent)	CONTRACTOR			
					Amendment (See Pa	rt 5)	
	Area Code/Phone Number	E-mail (Optional))	The state of the s	Date of Original Filing:	(month, day, year)	
decisional	(916) 653-7244					(month, day, year)	
2.	Payor Information (For ac	dditional payors, inc	lude an attachment	with the names and	addresses.)		
	San Manuel Band of Mission	on Indians					
	Name				make the second and consideration of the construction (the Call Andrews on Call Annual Cal	A CONTRACTOR OF THE PROPERTY O	
	26569 Community Center I	Or.	Highla	and	CA	92346	
3		dditional navoes inc	ALIAN MANAGEMENT AND THE PARTY OF THE PARTY	with the nemes and	State	Zip Code	
٠.		Payee Information (For additional payees, include an attachment with the names and addresses.)					
	Discovery Cube of Los Ang	jeles					
	11800 Foothill Blvd.		Los Δ	ngeles	CA	91342	
	Address		City	1190103	State	Zip Code	
	Date of Payment: 10/2 (month,	☑ Monetary Don		☐ In-Kind G	(Round to whole		
	Purpose: (Check one and provide Describe the legislative, g		☐ Legislative	☐ Gover	nmental ⊠ Cha Charitable Funding	ritable	
5.	Amendment Description	n or Commen	ts				
		enten e sattante e titli sette e e e e e e e e e e e e e e e e e	ORT (1807) STATE OF THE BASIS OF THE STATE O			and the second s	
177 22							
6.	Verification						
	I certify, under penalty of perjur herein is true and complete.		of the State of Ca	ifornia, that to the	best of my knowledge, the	ne information contained	
	Executed on	ZO\\	Ву	SIGNATU	AE OF ELECTED OFFICER OR CPU	C MEMBER	

Behested Payment Re	eport	A Public I	Docume	ent	Behested Payment Report	
1. Elected Officer or CPUC Member (Last n		name, First name)		Date Stamp	California 203	
Alex Padilla Agency Name				For Official Use Only		
Secretary of State				•		
Agency Street Address	·					
1500 11th Street, Sacrame	·					
Designated Contact Person	(Name and title, if diff	erent)		Amendment (See Part 5)		
Area Code/Phone Number	E-mail (Optional)	THE CONTRACT OF THE CONTRACT O	The Control of the Co	Date of Original Filing: _		
(916) 653-7244					(month, day, year)	
2. Payor Information (For a	Payor Information (For additional payors, include an attachment with the names and addresses.)					
Waste Management			1339(1450(1450)) - 1359(1450)			
600 E. Avenue F		Lancaster		CA	93535	
Address		City		State	Zip Code	
3. Payee Information (For a	dditional payees, inclu	ude an attachment with the	names and	addresses.)		
Discovery Cube of Los Ang	geles				·	
11800 Foothill Blvd.		Los Angeles		CA	91342	
Address		City	n and a second second second second	State	Zip Code	
	day, year) ☑ Monetary Dona nd Payment: N/A		In-Kind Go	(Round to whole o	•	
Purpose: (Check one and provide Describe the legislative, of		☐ Legislative naritable purpose, o	☐ Goverr	nmental 図 Char Charitable Funding	itable	
5. Amendment Descriptio	n or Comments	S				
	- MANA MANA PARINC REMOVED BERKENSKE SANTSKANSKE SENE SKOLET E NICHT SENE SENE SENE SENE SENE SENE SENE SEN					
			·			
6. Verification			Street and the second second second			
I certify, under penalty of perjuin herein is true and complete.	ry under the laws of	f the State of California,	that to the	best of my knowledge, the	e information contained	
Executed on	O16	Ву	SIGNATUR	FOF ELECTED OFFICER OR CPUC	MEMBER	

Behested Payment Re	eport	A Public Docur	nent	Behested Payment Report
1. Elected Officer or CPU	C Member (Last name,	First name)	Date Stamp	California 203
Alex Padilla				Form 003
Agency Name				For Official Use Only
Secretary of State			<u></u>	
Agency Street Address				
1500 11th Street, Sacrame				
Designated Contact Person	(Name and title, if different)		Amendment (See Par	t 5)
Area Code/Phone Number	E-mail (Optional)	n en	Date of Original Filing:	(month, day, year)
(916) 653-7244				(monal, day, year)
2. Payor Information (For a	additional payors, include an	attachment with the names a	nd addresses.)	
SoCal Gas Company		and the state of t		
555 W. 5th St., GT21C6		Los Angeles	CA	90013
Address		City	State	Zip Code
3. Payee Information (For a	additional payees, include ar	n attachment with the names a	nd addresses.)	
			•	
Discovery Cube of Los An	geies			
11800 Foothill Blvd.		Los Angeles	CA	91342
Address	COLUMN TO THE OWNER OF THE PROPERTY OF THE PRO	City	State	Zip Code
Payment Type:	☑ Monetary Donation nd Payment: N/A	or ☐ In-Kind	Goods or Services (Provide	e description below.)
Purpose: (Check one and provide Describe the legislative,			ernmental ⊠ Cha . Charitable Funding	ritable
5. Amendment Description	on or Comments			
•				
A 1/- 101 - 11				
6. Verification				
I certify, under penalty of perju herein is true and complete.	rry under the laws of the	State of California, that to t	he best of my knowledge, th	ne information contained
Executed on 11(3)	2014 DATE	By Clerk	TURE OF ELECTED OFFICER OR CPUG	CMEMBER